Arkansas
Department of Human Services

ARKANSAS DEPARTMENT OF Health
Keeping Your Hometown Healthy

Arkansas Early Childhood Comprehensive Systems Initiative

Medical Home Work Group – July 21, 2005 – 1 p.m.

Members Present: Gil Buchanan, Stevie Cherepski, Mary Gupton, Shyreeta Hicks, Tabitha Lee, Sherry Jo McLemore, Delores Pinkerton, Martha Reeder, and Paula C. Watson.

Regrets: Dana Gonzalez, Belinda Sanders, and Suzette Schutze.

Agenda Item #1: Update – Department of Health – Richard Nugent

Discussion: Dr. Nugent provided an update on what is happening at the Department of Health. The Maternal and Child Title V Block Grant has been submitted. He will share copies with the group at a later time. They are thinking in terms of pulling together four partnerships: 1) Mothers and Infants 2) Children with Special Health Care Needs 3) Child Health Systems and Services, and, 4) Pre- and Pos-Menopausal Women.

The Department of Health will become the Division of Health when the merger plans are finalized on August 13. The administrative functions are all being merged with DHS. This part has already happened.

Maternal and Child Health needs to do a better job of coordinating with DCFS. It is just in the beginning stages. The new CEO will be fully paid by the CDC. He will be the chief operating officer of the division.

There is a lot of talk about this. Joe Thompson will serve as the liaison between the Division of Health and the various parts of DHS. He is known as the Chief Health Officer with similar duties and role as

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the surgeon general. He is not the CEO. He is going to serve as the health informant to all the other parts of human services.

Dr. Nugent will keep this group informed. He is hoping for a closer relationship between health and human services. There is a need to work closely to make sure the block grant is used properly. He is hoping to deal with schools, day care centers, developmental disabilities and other components of DHS.

Martha mentioned that there are 17 components in the state plan, and they are heavily weighted towards maternal and child health. The final state plan must address these components.

Nugent indicated that the overarching philosophy concerns the life stages concept. We can fit into the life stages concept. We can look at women's health issues and other concerns related to women. There is a need to get beyond some things, but it can be done.

Agenda Item #2: Recommendations -Tiers QRS – Early Care and Education

Discussion: The driving force behind the child care industry is women who impact child care through providers who are the primary work force in the child care industry.

We have been in this process a little over a year. One of the cornerstones of the Plan is the Tiered Quality Rating Scale (QRS) in all of Arkansas. The Early Care and Education Work Group has brought in multiple sources to examine relevant information. It is time to get serious about getting the Plan on paper. At the last meeting, a small group was appointed that will write a draft QRS plan by the first of November.

As you know, each work group has been asked to give specific recommendations as to what should be included in QRS. Martha distributed two sheets from previous minutes—one sheet from January 18 and the other from February 9, 2005—pertaining to the Monica Miller (Head Start) suggestions. The minutes of January 18 contain the Monica Miller suggestions. The minutes of February 9, pertain to the Medical Home proposed components of quality:

- **Access to Insurance**
- **Proof of Insurance**
- **Proof of Medical and Dental Screenings**
- **Training program for workers and Parents on the Medical Home**
- **Basic Health and Safety compliance for Day Care Settings.**

There are 30-plus members of the Early Care and Education Work Group. The small group is a separate sub-group for writing a plan. They have been asked to recommend the very highest quality. They want to be inclusive. They are going to ask for a group of consultants to be in an advisory capacity to the sub-group. The first meeting will be on August

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5. It is the organizational meeting and they will determine protocol for all future meetings. Subsequent meetings will be open and the consultants may attend. The last 15 minutes of each meeting, the floor will be open for the consultants to make comments. There will be other ways to respond back to the sub-group.

During the organizational meeting, the dates and topics of discussion will be determined for future meetings. In that way, consultants for a particular topic will be able to pinpoint when they definitely want to attend and speak before the sub-group, This group needs to recommend some people to serve as consultants. The consultant group would receive minutes and have a chance to respond.

The Medical Home group is being asked to recommend five or six items. One questions to ask: In a top child care center how would the items be reinforcing the Medical Home?

The names of the consultants from this group need to be submitted before August 5. The first meeting of the sub-group will set out the protocol. It is not an open meeting. The meetings need to be orderly, and yet people need to feel like they have a chance to be heard.

The following persons were recommended as consultants to the QRS sub-group from the Medical Homes Work Group:

- Gil Buchanan (Pediatrician)
- Rhonda Sanders (Health Insurance)
- Stevie Cherepski (School Nurse: can participate by conference call, but cannot leave school until 2:30 p.m.)
- Mary Gupton (Community Health Cntrs.)
- Tabitha Lee (AFMC – Medicaid)

Agenda Item #2, Continued: Recommendations -Tiers QRS – Early Care and Education

Discussion: There was additional discussion regarding ways in which the medical home could be reinforced in a quality child care setting.

There was consensus from the group that Child Care Health Consultants could go a long way towards increasing the quality of health care for children in child care settings. It was agreed that this should be represented in some was as a part of a system plan. Arkansas does not have anything really equivalent to the Child Care Health Consultant (CCHC) concept that was a part of the Healthy Child Care America Initiative. Martha pointed out that Georgia is training their public health nurses to be CCHCs. Georgia has sent their public health nurse administrators to the University of North Carolina at Chapel Hill to be trained. They returned home and began training the public health nurses in their administrative region. They began by contracting for their services as CCHCs with Head Start programs, who have funds specified for health care consultation.

In the Department of Human Services there is a strong concern about certain health issues based on the quarterly reports. The concept of child care health consultants might be a timely thing. The ABC program is looking for a systematic way to address health needs for children in their programs.

It may be possible to do a couple of pilots on the proposed QRS. A method for accomplishing this would be to target a specific region in which public health nurses work. Those nurses would receive the training for CCHCs offered at UNC, and then would partner with child care programs in their area, possibly ABC programs, or other pre-determined child care settings.

Health Care Consultants provide technical assistance to child care programs regarding child health issues. They may make recommendations about

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children's specific health needs. They might make referrals concerning children with special health care needs. They may also recommend ways in which the program might better support children's general health issues.

Members of the work group expressed an interest in hearing from Paul Lazenby, Director of the ABC program, concerning health care considerations in the public pre-k arena. It was suggested that Paul be invited to speak at a future meeting.

Another area that group members felt should be specifically addressed with regard to recommendations for the QRS, was the matter of immunizations. At the present time, school nurses are not given access to immunization records. The way the law is written, it is impossible now to accomplish. The process, as it exists now, is cumbersome, and requires many man-hours just to enter the data. Group members expressed an interest in seeing a system developed where an original from could be fed into the system and/or the forms revised to be less complex and labor-intensive. Effective data reporting would necessitate the use of internet and computers.

Added to the list to be considered as recommendations to the QRS sub-group:

- ? Child Care Health Consultants
- ? Training for Parents on Multiple Health Issues
- ? Computer Internet Access
- ? Developmental and mental health screenings and maybe some other types of screenings.

Agenda Item #2, Continued: Recommendations -Tiered QRS – Early Care and Education	
Discussion: It was suggested that Access and Proof of Insurance be combined. We need to include someone who represents a child care center on the Medical Home work group.	**Tasks:** Martha Reeder will check with Rhonda Sanders concerning serving as consultant to the QRS sub-group.
Agenda Items #3: Adjournment to Joint Meeting	
Discussion: The meeting was adjourned to begin the second joint meeting with the Social-Emotional Health Work Group.	**Next Meeting Date:** The next meeting date was decided during the joint meeting. It is scheduled for: **Date: September 13, 2005** **Time: 2:30 – 4:45** **Place: Freeway Medical Center** We will meet for a short time as a work group before the joint meeting.
TASKS:	

Agenda Item #1, Continued: Performance Standards (Monica Miller) for Tier Quality System

Discussion, continued: One issue: A standard form for documentation from the doctor is needed stating that certain things have been done. It was noted that if a child has something wrong, the parents may not want the information about the child's health shared by the doctor with anyone.

Question: Are there any providers who are part of the Medical Home work group? It was noted that they have been invited to the forum but have not responded.

It was noted that Family Support is hoping to start a web site that would provide information to the providers and families, with a link to ARMIS and other sites as well. It should be ready by October, and there will be a session during a meeting on October 10 to train day-care providers.

The State of Virginia has developed a Parent Kit. It is to be distributed to 100,000 English-speaking and 10,000 Spanish-speaking parents. It is given to parents of every newborn in the hospitals. We may need to consider something like it. It will take money to produce it. It was mentioned that there is a form developed already related to newborn medical schedule recommendations.

If we are going to ask child care providers to complete a checklist, we need to tie in into the immunization schedule. There could be a form created that is completed at the same time as the EPSDT (Early Periodic Screening Diagnosis and Treatment) when the child goes for immunization. Most forms are now completed on the computer. The Health Department form is geared to the physician. The system needs to help everyone. The child care providers need a systematic way to see that families are following the medical schedule.

It was pointed out that the ABC regulations require that by the sixth week, information must be on file that the immunizations have taken place. Any of the enhancements grants require immunizations of the children. The licensing specialists need the information also.

It was suggested that it would be useful to take one of the models to see if we can come up with a document that could be used in any setting.

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There was some confusion over what the Medical Home group was being asked to do. Martha explained in this manner. If you were hired as a consultant to come in and offer suggestions for supporting a Medical Home, what things would you point out to them? How would you assess the things you thought are important?

It was suggested that the child care providers need a professional medical consultant for their centers. This is one standard we could propose: That centers have some kind of consulting relationship with a medical professional. Funding of this issue was discussed. It was noted that if ABC programs require anything, they also fund it as part of the overall program. All ABC centers have Internet access.

Tiered Quality is trying to construct a pathway to get from basic compliance to quality. Right now, there is a huge gap in between the two. In the tiered system, there will be several different levels between the two. Quality block grants are used to help this happen. Any child care center can ask for help or training (technical assistance) to help center improve their quality.

It was pointed out that if not required to do certain things, it will not happen. If not required to do some minimal things, it will not happen. Ultimately, we are trying to get kids healthier to begin school. We need to catch children that are falling through the cracks.

Our mandate is to transmit to the providers a way to support the family related to the Medical Home.

Result: The following items were proposed as components of quality:

- **Access to Insurance**
- **Proof of Insurance**
- **Proof of Medical and Dental Screenings**
- **Training program for workers and Parents on the Medical Home**
- **Basic Health and Safety compliance for Day Care Settings.**

Suggested Performance Standards from Monica Miller, R.N.

1. Assess child's access to health insurance and assist as needed to improve enrollment in some form of insurance.

2. All children in group setting child care should have an initial physical to assess their well-child status and be supported in staying on the EPSDT schedule.

3. For all children over three, teeth should be brushed after all meals with an ADA approved toothpaste; if less than three, provide oral cleaning after bottles or meals.

4. All children in child care should receive a dental screening.

5. Provide information and assistance in access to follow-up care.

6. Daily health checks should be done upon arrival with guidelines for exclusions and procedures to guide caregivers.

7. Provide parent education opportunities on Immunization, Lead Exposure, CPR/First Aid, Baby Bottle Tooth Decay, SIDS, Effects of Substance Abuse, Smoking Cessation, Child Abuse, etc.

8. "Appropriate" Mental Health Activities should be provided for children and families.

9. Communicate with parents regularly about their child's behavioral milestones.

10. Track successes and outcomes of services provided in early child-care settings.

11. Initiate routine hand-washing education for children and parents in all child-care settings.

12. Assess existence and provide assistance and information to overcome barriers to access, such as transportation, language, and child care for other sibling children during medical or follow-up appointments.